

WISCONSIN FAST FORWARD PROGRESS REPORT

2014 Quarter 2



SKILLED WORKERS. SMART BUSINESS. STRONG WISCONSIN.

PLEASE RETURN YOUR COMPLETED REPORT TO WFFGrants@dwd.wisconsin.gov by July 15, 2014

PROJECT INFORMATION		
Grantee ID: <input type="text"/>	Project Name: <input type="text"/>	DATE: <input type="text"/>
Contact Name and Email: <input type="text"/>		PROJECT START DATE: <input type="text"/>
		PROJECT END DATE: <input type="text"/>

Please enter the total number of people trained under your program to date:

Have you entered the trainee data for the above total people trained into the ☐ Yes ☐ No

PROJECT TIMELINE REPORT (Add rows for each additional training course, put N/A in fields that don't apply to your grant project)				
Activity	Projected Start Date	Actual Start Date	Projected End Date	Actual End Date
Curriculum Development				
Trainee Recruitment				
Training Course [Title]				
Training Course [Title]				
Placement/Hiring				

INDIVIDUAL COURSE REPORT (Only report on courses active in 2014 Quarter 2)				
Course Title (add additional rows as necessary)	Number of Trainees at Beginning of Course	Number of Trainees at Conclusion of the Course	Overall Comments About the Course	Occupation(s) Trained (Keep job title consistent with application)

PROJECT UPDATES:
Please describe the milestones achieved this quarter
Please describe the challenges encountered during the last quarter:
If your project is not running according to schedule, please explain why:
Please share any suggestions for ways to improve the Wisconsin Fast Forward Program:

Would you like to be considered for a DWD or Governor site visit/publicity as a Wisconsin Fast Forward success story?

☐ Yes ☐ No

Date _____

Grantee's Authorized Representative

Printed Name of Grantee's Authorized Representative

Printed Title of Grantee's Authorized Representative